

Any Questions ?

We publish below a selection of those questions and answers which seem of general interest. It is regretted that it is not possible to supply answers to all questions submitted.

Morning Sickness

Q.—Which is the best drug for the treatment of nausea in early pregnancy ?

A.—The cause of nausea in early pregnancy is not determined, but endocrine, metabolic, and psychogenic factors probably all play a part. The management should in the first instance consist in reassurance, fresh air and moderate exercise, and attention to the diet. Small amounts of dry food should be eaten at frequent intervals; greasy foods should be avoided and the patient protected so far as possible from the odours of cooking. The craving for unusual articles of diet, which is often a feature, should be satisfied if possible. If these measures fail there are a number of anti-emetic drugs which may be tried, and most general practitioners and obstetricians have their personal favourites. Dimenhydrinate ("dramamine"), 50–100 mg.; meclozine ("ancolan") 25–50 mg., which is sometimes used together with pyridoxine, 50 mg.; cyclizine ("marzine") 50 mg.; and chlorpromazine ("largactil") 25 mg. all have their advocates. According to figures given by Moyer,¹ the most effective of these is a combination of meclozine and pyridoxine, taken at bedtime.

REFERENCE

¹ Moyer, J. H., in *Drugs of Choice 1958-1959*, 1958, edited by W. Modell. Henry Kimpton, London.

Alcoholic Beverages in Hospital

Q.—There seems to be a growing tendency for hospital patients to be served with stout or some other alcoholic drink routinely each evening. What is the rationale of this ?

A.—The fact that alcohol is regarded as a beverage rather than a drug tends to make us forget that it has important medicinal properties. Ethyl alcohol is a valuable sedative and has an action which is very similar to that of some of the recently introduced tranquillizing drugs—for example, methylpentynol. It is also a mild analgesic and a very effective vasodilator drug. General cutaneous vasodilatation is an important and necessary accompaniment of sound sleep. Alcohol also provides a source of energy in a form which is palatable to most patients even when their appetite is poor. It is these actions of the drug which make the prescription of alcoholic beverages in the evening desirable for certain hospital patients, particularly for those with incurable diseases. When used in this way it must be thought of as a drug which, compared with other sedatives—for example, the barbiturates—is not cheap, and its use should never become a matter of routine.

Danger from Hair-sprays

Q.—There has recently been mention of the danger of thesaurosis after the inhalation of hair-sprays. In many hospitals "nobecutane" spray is in constant use for post-operative protection of wounds. Is there any known risk in the use of these sprays ?

A.—The evidence connecting the use of hair-sprays, and the consequent inhalation of the resins which form the residue left by them, with intrathoracic disease is by no means indubitable. In many of the published cases it seems at least possible that the changes reported were due to other incidental diseases, especially sarcoidosis. This seems particularly likely, since the use of these hair-sprays is so widespread and the course of most of the reported cases has been entirely consistent with a diagnosis of sarcoidosis. In my view, there is no need to fear any ill effect from the

possible inhalation of the very minute amount of nobecutane which would be likely to result from its use in the post-operative protection of wounds.

Genetics of Muscular Dystrophy

Q.—A woman has four children—three boys and one girl. The third boy was diagnosed as having muscular dystrophy five years ago at the age of 6. None of the others is affected, and there is no history of the disease on either side of the family. What is the risk of further children having the disease ?

A.—There are two genetic forms of muscular dystrophy with onset in early childhood. The classical Duchenne type is due to a sex-linked recessive gene and a clinically very similar, but somewhat milder, form is due to an autosomal recessive gene. The best clinical distinction appears to be that the first group are "off their feet" by the age of 11, while the autosomal recessive type are still ambulant at this age.¹ If the boy had no symptoms until the age of 6, and the distribution of the affected muscles is that of the Duchenne type of dystrophy, he probably belongs to the group determined by the autosomal recessive gene, and the risk of further children being affected is 1 in 4. If, however, his symptoms antedated the diagnosis by several years, and it is likely that he will be "off his feet" by the age of 11, the sex-linked recessive gene is probably concerned. In that case the risk of another boy being affected is 1 in 2 if the mother is a carrier and nil if the mother is not a carrier, the total risk being about 1 in 3 for further boys.

REFERENCE

¹ Blyth, H., and Pugh, R. J., *Ann. hum. Genet.*, 1959, 23, 127.

Recurrent Herpes Zoster

Q.—What treatment would you recommend in the case of a 50-year-old woman with a 20-year history of recurrent herpes zoster in the region of the 1st and 2nd sacral nerve, with severe sciatic pain? Would steroid therapy be likely to lead to dissemination of the virus ?

A.—It is unlikely that any form of medical treatment would be effective, though it might be worth trying massive doses of vitamin B₁₂. Some type of surgery would seem to offer the best chance of relieving the symptoms, though it would be as well to seek expert neurosurgical advice. Steroids should not be used if, as is implied, they are to be given for long periods, since dissemination of the virus is a theoretical possibility and has been recorded in the case of chicken-pox. There might, however, be some justification for using steroids during an acute attack of zoster, though opinions vary as to their value, as indicated by recent correspondence in the *Journal*.¹

REFERENCE

¹ *Brit. med. J.*, 1959, 1, 648, 1039, 1304, 1412.

Spirit for Skin Disinfection

Q.—Is industrial methylated spirit, B.P. or B.P.C., if suitably diluted with water, as good as 70% ethyl alcohol for skin disinfection ?

A.—Industrial methylated spirit (B.P. or B.P.C.) contains about 90% of ethyl alcohol, and its value as a skin disinfectant when suitably diluted should be equivalent to that of 70% ethyl alcohol.

Haemorrhagic Disease of the Newborn

Q.—A patient's first baby died when two days old with haemorrhagic disease, and she is now pregnant again. Is she likely again to have a baby with this disease? Is vitamin K given before term worth while ?

A.—The incidence of haemorrhagic disease of the newborn is not increased in siblings of an affected baby. If, therefore, the first baby is known to have died from this condition and not from any blood disease which is familial or inherited (which in any case might be excluded

by study of the blood of the parents), the baby about to be born is unlikely to be affected.

The value of giving vitamin K to the mother before term to prevent hypoprothrombinaemia in the newborn and reduce the chance of haemorrhagic disease is still uncertain. The results of Dyggve¹ are in favour, but those of Sanford² and Hay³ are not. Nevertheless, some still give 5–10 mg. vitamin K orally daily for 3 or 4 weeks before term, and in the present case this might be done if only to reinforce the reassurance offered to the mother. The baby should be given 1 mg. intramuscularly at birth.

REFERENCES

- ¹ Dyggve, H., *Acta paediat.*, 1948, 36, 229.
- ² Sanford, H. N., Kostalik, M., and Blackmore, B., *Amer. J. Dis. Child.*, 1949, 78, 686.
- ³ Hay, J. D., Hudson, F. P., and Rodgers, T. S., *Lancet*, 1951, 1, 423.

S.G.P.T. in Diagnosis of Infective Hepatitis

Q.—What is the value of the serum glutamic-pyruvic transaminase test in the diagnosis of infective hepatitis? How soon in the course of the disease does the test become positive, and for how long does it remain so?

A.—The estimation of serum glutamic-pyruvic transaminase has a definite, though limited, place in the diagnosis of infective hepatitis. It is raised maximally, sometimes more than 100-fold, during the prodromal stage and at the time the disease declares itself, and thereafter falls so that after a week or two it has returned to normal levels. Persistently raised levels, or a subsequent increase, usually indicate continued activity of the inflammatory process.

If considered in conjunction with the serum glutamic oxalacetic transaminase more information can be obtained; for example, in extrahepatic obstruction both enzymes tend to be raised (two- to sixfold) until the obstruction is relieved. The S.G.P.T. is particularly useful in differentiating pain of hepatic origin from that of coronary infarction. It is impossible to give a succinct account of the already huge literature: the references given below^{1–3} may be profitable.

REFERENCES

- ¹ *Lancet*, 1958, 2, 1318.
- ² Pryse-Davies, J., and Wilkinson, J. H., *ibid.*, 1958, 1, 1249.
- ³ O'Brien, E. N., Goble, A. J., and Mackay, I. R., *ibid.*, 1958, 1, 1245.

Rh Hapten and Erythroblastosis

Q.—What is the value of Rh hapten in the prevention of erythroblastosis?

A.—Since 1947, when Carter described¹ the use of a crude red-cell fraction, Rh hapten, which inhibits anti-D serum, she has reported further on its value. In 1956 she reported² the results in 135 cases of erythroblastosis: 53% of women who had previously lost babies from erythroblastosis had normal infants after treatment with Rh hapten during pregnancy, and there were no cases of kernicterus. Despite some qualified support from Ehrenberg,³ the use of Rh hapten as an effective prophylactic has not been generally accepted in theory or applied in practice.

REFERENCES

- ¹ Carter, B. B., *Amer. J. clin. Path.*, 1947, 17, 646.
- ² ———, Williamson, A. C., Loughrey, J., and Ingram, C. H., *Amer. J. Obstet. Gynec.*, 1956, 72, 655.
- ³ Ehrenberg, C. J., *J. Lancet*, 1955, 75, 275.

Tuberculin Test after Vaccination

Q.—Is it true that conversion tests may be done up to 12 months after B.C.G. injections? At present we have been trying to do them within six weeks of the injection.

A.—The tuberculin test after B.C.G. usually becomes positive within about six weeks. With freeze-dried vaccine it seems that the test may sometimes become positive rather later. Six weeks is therefore probably the earliest time after vaccination with B.C.G. at which tuberculin tests should be done. The test should normally remain positive at least up to twelve months, so that it is quite proper to carry out tests at a later period if this is more convenient.

Hazards from the Mining of Beryl

Q.—Is exposure to beryl, the ore from which beryllium is extracted, dangerous? Does any hazard attach to mining beryl, by drilling, etc.?

A.—It would appear that there is no hazard associated with the mining of beryl, since no cases have been reported from this process. Many authors^{1–3} make statements to this effect, although no reference has been found to any survey among miners of beryl.

REFERENCES

- ¹ Hardy, H., *Proc. roy. Soc. Med.*, 1951, 44, 257.
- ² Sterner, J. H., and Eisenbud, M., *A.M.A. Arch. industr. Hyg.*, 1951, 4, 123.
- ³ Hardy, H., *A.M.A. Arch. industr. Hyg.*, 1955, 11, 273.
- ⁴ Williams, C. R., *ibid.*, 1959, 19, 263.
- ⁵ Breslin, A. J., and Harris, W. B., *ibid.*, 1959, 19, 596.

NOTES AND COMMENTS

Sedatives for Children.—Dr. B. L. P. DALTON (Gravesend) writes: I was disappointed in the answer on night sedation for children ("Any Questions?" November 14, p. 1033), because all the suggested drugs taste disgusting. Phenobarbitone can be given without trouble, but is hardly a hypnotic. Chloral, methylpentynol, the short-acting barbiturates, and the sedative antihistamines are often so difficult to disguise even in elixir or weak solution that they are not accepted again without uproar. May I recommend thalidomide, which comes in 25-mg. tablets easily crushed and is quite tasteless? Two or three tablets at bedtime seem suitable for a 3-year-old.

OUR EXPERT replies: I sympathize with Dr. Dalton, but cannot entirely agree. Chloral can be made tolerable to children, and is certainly taken well by infants in a syrup. Methylpentynol in the usual elixir form is also acceptable to most children and adults, although I rather agree with Dr. Dalton's comments on the taste. "Elixir of atarex" (hydroxyzine hydrochloride) is on the other hand very palatable. "Phenergan elixir" (promethazine hydrochloride) is quite pleasant and there is usually no trouble in getting children to take it; the same is so of most of the antihistamines. It is true that most of these elixirs leave an unpleasant after-taste if not washed down by a drink of water, and after a while most children rebel at taking them. It is in general true that this happens in time with any child and any medicine, and the situation always requires tactful handling. A tasteless powder or tablet is obviously an advantage, since there may be little objection (at any rate at first) to taking it neat and it is easily disguised. Thalidomide ("distaval") therefore starts with this advantage. I have not used this hypnotic, nor do I know any colleague who has sufficient experience of it to allow me to recommend it in this section of the *Journal*. It appears likely that it is safe and effective, but many hypnotics have come and many hypnotics have gone because they did not fulfil the hopes originally placed in them, or proved eventually to cause unexpected toxic effects.

Correction.—In the article "Chlorthenoxazin—a New Analgesic," by D. Wilson *et al.* (*Journal*, January 2, p. 36) the name chlorthenoxazin should have been described as the approved name and not as the *British Pharmacopoeia* name.

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